

Domestic Violence and the 6 Domains

Critical note: The dynamics of domestic violence are based on the batterer maintaining power and control over his or her partner. Challenges to that power and control, including a CPS assessment, may escalate the abuse. **The risk of a batterer seriously harming or killing the adult victim and children increases when the victim tries to leave.** *Given this, plan your assessment carefully when domestic violence is known to be an issue. Always consider that the assessment may increase the risk to the child and adult victims.*

- Interview the alleged adult victim first, whenever possible, without the alleged batterer present, and in the victim's first language. Also, it is best to interview the alleged adult victim without the alleged batterer's knowledge, to increase safety and get the best chance to gather relevant information. If the alleged batterer is present, do separate interviews that they cannot overhear.
- If you cannot separate the partners, focus on issues other than the domestic violence. Resistance to separate interviews with adults may be an indication of domestic violence and a batterer's control.
- If you believe, or it becomes apparent, that an interview with an alleged batterer (or another family member) will compromise the safety of any family member, consult with a supervisor to request an exception to interviewing the alleged perpetrator in order to allow for safety planning or for the situation to become safe enough for an interview. Always listen to the alleged victim's concerns and safety plan around those concerns if at all possible.

Identifying the predominant domestic violence batterer

There are situations in which there are allegations of domestic violence against both parents. Domestic violence victims may fight back and be charged with assault. Look beyond the initial incident to assess the family dynamics and to determine if one party is the predominant aggressor. Assess for patterns of power and control in allegations of domestic violence that appear to be mutual violence, or where you believe the adult victim has been arrested. Specifically look for:

- Are injuries defensive wounds (bite marks, scratches etc.)?
- Is one partner afraid of the other?
- What was the intent and level of the violence? (was it self-defense, retaliation, meant to punish or control)
- Who is effectively exerting control over the other? (who makes the rules, who is in charge of money, etc.)
- What is the impact of the violence?

- Who has historically been the dominant aggressor regardless of who the first aggressor was in the current incident?

It is important to remember that it is common for the alleged adult victim to claim responsibility for the violence and for the alleged batterer to be blaming.

Trauma-informed practice

It is essential for the safety of the child that we create a partnership with the alleged adult victim. They have usually been working to keep the child safe and they know the dangers. Also the stability of their relationship with the child is a significant, long-term protective factor.

We can encourage partnership by using trauma-informed practices. These practices center on creating safety first, while promoting choice, agency, connection, and collaboration. It is important to support alleged adult victims in making decisions for themselves, to acknowledge them as the experts on their own experience, and to offer them relationships that are true partnerships. It is essential to be trustworthy in offering our services and supports.

Using the current best practice of Forensic Experiential Trauma Interviewing (FETI)¹, may help us gather information in ways that empower and calm people who have been traumatized, so they are able to give narratives that are more accurate, coherent, consistent, and persuasive.

If at all possible, we do not want to re-victimize anyone with our intervention. It is counter-productive. Trauma survivors have to feel safe before they will share their experiences in a meaningful way.

Trauma survivors speak more fully and freely when they feel that they are talking to someone who:

- is able to **listen**;
- can tolerate what they have to share;
- can really understand what they are sharing; and,
- can imagine that what they are sharing is true and valid

Body language is especially important. Distancing, skeptical or even faintly critical expressions will be detected and will shut down sharing.

Research suggests that first responders need to re-evaluate their reliance on their instincts when dealing with trauma victims. Nonverbal cues to deception are relatively nonexistent. Victims can seem upset or calm, even happy. In fact trauma victims can display the same reactions generally attributed to liars – raised blood pressure, increased heart rate, sweaty palms, etc.

¹ Russell Strand, U.S. Military Police School, Chief, Behavioral Sciences Education and Training Division

In domestic violence situations we are more likely to find that people have experienced chronic trauma. This can actually change brain function. When we are in a normal, calm state our brains can handle abstract thought and do long term thinking, as we become aroused our thinking becomes concrete and focused on days or hours. This is a state we can recognize in ourselves when we respond to critical child safety reports. If we are alarmed, we become emotional and focused on hours and minutes. When we experience fear, we become reactive and think in minutes and seconds. When traumatized, we can become reflexive and lose all sense of time. Keep in mind that trauma will impact the ability of victims to form a clear and detailed narrative.

Batterers however are not traumatized or stressed out, in fact they often experience chemical changes in their brains that are rewarding. Batterers are usually using logic to go through practiced steps focused on overcoming resistance. They have a totally different brain state from the victim. So their reports are likely to be more strategic, detailed, consistent, factual, and unemotional; in other words batterers' memories and narratives usually seem to make more sense.

Domestic Violence and the 6 Domains of OSM

The Oregon Child Welfare Department has adopted the Safe & Together™ Model² for guiding our work when domestic violence is part of our child abuse cases. The model's clear focus on the batterer's behavior patterns and their connection to the harm to the child is very compatible with the Oregon Safety Model.

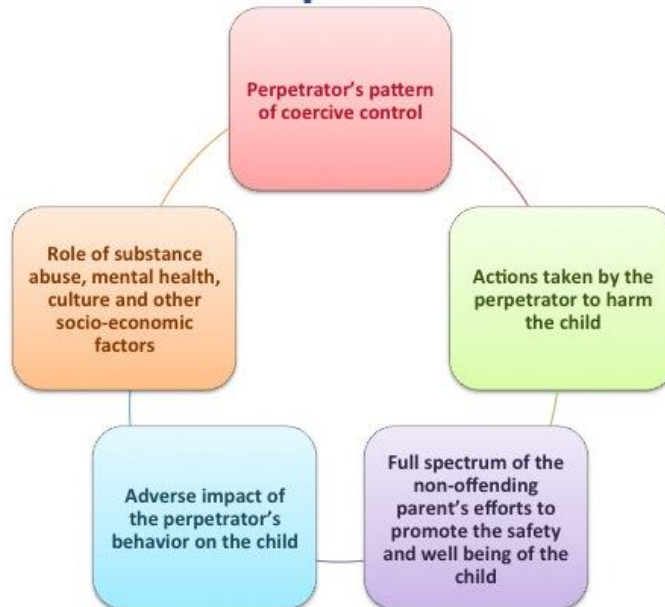
The Department, in rule, defines "Domestic violence" as a pattern of coercive behavior, which can include physical, sexual, economic, and emotional abuse, which an individual uses against a past or current intimate partner to gain power and control in a relationship.

The following chart outlines points of intersection between the Six Domains of the Oregon Safety Model and the Safe & Together™ Model.³ It has prompts to consider when documenting three types of cases: those with domestic violence allegations; those without current domestic violence allegations, but involving a person with a prior history of battering; and cases with no identified current or prior domestic violence.

² The Safe and Together Model was created by David Mandel & Associates. For more information on the model, go to www.endingviolence.com.

³ The chart is adapted from the chart written by David Mandel and Associates in collaboration with the Florida Coalition Against Domestic Violence, 2014. The project was funded by Children's Justice Act Program, administered by the Children's Bureau, Administration on Children, Youth and Families and was sponsored by the Florida Coalition Against Domestic Violence and the State of Florida, Department of Children and Families

Safe and Together™ Critical Components



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OSM Domain 1: What is the extent of the maltreatment?

In domestic violence cases look for patterns of power and control used by the batterer. Be sure to identify their controlling tactics and the immediate emotional, social and physical impacts of the batterer's use of those tactics on each child in the family.

Related to the child maltreatment, what is the batterer's pattern of coercive control and actions taken to harm the child? (1st and 2nd Critical Components)

To ensure accurate assessment, safety planning and appropriate partnership with the family, the batterer should be identified as the sole source of the child maltreatment related to the domestic violence. Looking at the pattern of coercive control ensures that the assessment of the impact of the batterer's behavior on the child is broader than just "Was the child physically harmed?" or "Did he or she see or hear the incident?" The batterer's pattern often directly and/or indirectly involves, targets, and/or impacts the child.

- How has prior abuse impacted the current incident of maltreatment?

- What are the coercive tactics the alleged batterer has used against the child/ren? For example, belittling and name calling, isolation, berating or other intimidating behaviors, sexual abuse.
- How have these behaviors manifested over time? How long has this been going on? How often does it happen? Is the frequency increasing? How predictable is the maltreatment?
- Is there a reason to believe the child might intervene or is intervening to protect the non-offending parent?
- Has the batterer killed or severely harmed a family member, even an extended family member or pet?
- Has the child's pet or other significant emotional support been threatened?
- Is the child in close proximity to aggressive or violent behavior, e.g. throwing objects near a child, beating a partner who is holding a child, etc.?
- Has the batterer taken the children or threatened to abduct or otherwise endanger the children?
- Have they threatened to remove the children from their partner's care in any other way?
- Has the batterer used the child or child's behavior as an excuse for abuse?
- Does the batterer use the child as a tool to manipulate their partner? How?
- Does the batterer involve the children in the abuse of their partner, e.g., family meetings, witnessing punishment, etc.? If so how?
- Has the batterer destroyed the child's belongings?

What has been the physical and emotional impact of the batterer's behavior on the child? (4th Critical Component).

The strongest documentation will make clear the nexus between the batterer's behavior and its impact on the child. For example, "Because of father's multiple physical assaults against mother, the family has been dislocated four times in the last four years. Twice the mother fled to a shelter to protect the children from more violence, once the family was evicted because of the batterer's violence, and another time the batterer stalked the family, who had been living in safe stable housing, and forced them to move in with his family."

A picture of the impact on the child may include assessing the following:

- How did the batterer's behavior disrupt the child's daily routine, e.g. arrival of the police or fleeing to shelter?
- What was the impact of any verbal statements made by the batterer before during and after any maltreatment? For example, assaults with verbal threats to kill might be more frightening.

- What was the immediate adverse impact on the child's:
 - Physical well-being: ability to function, sleep, toileting, eating, etc.
 - Emotional well-being: ability to regulate, non-reactive, shut down, tearful, distracted, distant, angry, aggressive, easily startled
 - Social functioning: withdrawn at school or from friends, difficulty making friends, acting out at school, changes in social behaviors
- Were any of these impacts affected by previous trauma or threats?
- Did the child act to protect their siblings, pets, or others?

Do substance abuse, mental health, culture, and/or other socio-economic issues significantly impact the extent of the maltreatment? (5th Critical Component)

- Was the batterer drinking or using other drugs around any maltreatment? Did that use escalate the fear and/or the level of harm?
- Did the batterer's experience with weapons, martial arts, military service, or gangs increase the level of fear and/or harm during any maltreatment?
- Did the batterer use race, gender, disability, immigration status, sexual orientation, etc. as a tactic of abuse during any maltreatment?

How has the batterer's pattern of coercive control impacted the adult victim's ability to promote the safety and well-being of the children? (1st and 3rd Critical Components)

To fully assess the impact of the batterer's pattern on the child, there needs to be a "multiple pathways to harm" framework. The focus on the physical danger and trauma needs to be expanded to include the following question:

- How is the child being impacted by the batterer's influence over the adult victim's adult functioning, parenting and discipline?

What has been the full spectrum of the victim's efforts to manage child safety and well-being? (3rd Critical Component)

Make sure you use a comprehensive lens and give victim credit for placating and day-to-day actions as protective capacities regarding the maltreatment.

- What basic care activities were being performed by the adult victim prior and during any maltreatment incidents?
- What were the adult victim's specific strategies to minimize, reduce, and prevent any maltreatment from occurring?
- What did the adult victim do during any maltreatment to reduce the physical and emotional danger to the child?
- After incidents of maltreatment, what did the adult victim do to take care of the physical and emotional needs of the child?

- Overall, how does the adult victim's behavior buffer the child from trauma and support their healing and/or normal development?

For example: "The victim engaged in age appropriate play with her child, attempted to defuse her partner's anger and abusive behavior through avoidance of his questions, placating him by providing him with a beer and engaging him in a conversation about chores, redirecting the conversation, reminding her partner about their son's needs, preparing dinner for the family, defending her parenting and her son's participation in age appropriate play. She also role modeled resistance to abuse by standing up to his verbal abuse and actively tried to remove herself and her son from her partner's abusive behaviors but was prevented from doing so by her partner's intimidating and threatening behavior. While mother engaged in a series of efforts to shield her son from his fathers' verbal abuse, threats and intimidation, father continued to choose to expose his child to his verbal abuse, threats and intimidation of his mother. Mother's age appropriate play and efforts to shield her son from his father's abuse are clear strengths as a parent. She appears to be actively engaged in supporting her child's safety and well-being."

In this area you need to make sure that protective efforts are contextualized to the situation and that the victim's efforts are valued for what was possible for them to do before, during or after any maltreatment versus holding them responsible for the ultimate outcomes of the incidents, which are the sole responsibility of the batterer.

When domestic violence is not a part of the current allegation:

Other maltreatments, such as physical abuse, sexual abuse, or neglect, may be perpetrated by a caregiver who is abusive to their adult partner, and therefore part of their overall pattern of abuse. Using a lens that focuses on patterns of coercive control can expose the roots of the maltreatment. Moreover, maltreatment perpetrated by an adult domestic violence victim may be the direct or indirect result of the domestic violence. Consider what the victim's parenting, day-to-day functioning and disciplinary strategies would be if they were free from the batterer's coercive control.

When there is prior history of domestic violence perpetration but none currently alleged:

- Is coercive control currently occurring but not the reason for the referral?
- Is the batterer, whether in the home or not, still negatively influencing the family functioning through fear, intimidation, third party contact, or other forms of control?

OSM Domain 2: What are surrounding circumstances?

In domestic violence cases look for the circumstances that accompany the maltreatment, which would be the power & control that one parent is exercising over the other. Also identify how this pattern of behavior is impacting maltreatment. We want to be careful not to use this information to excuse behavior or offer inappropriate interventions. Remember that the use of a pattern of coercive and controlling behavior is a choice.

What is the batterer's pattern of coercive control directed toward the adult partner? (1st Critical Components)

The Safe & Together™ Model offers a clear focus on the broader pattern of the batterer's behavior, including the intent behind the abuse, the behaviors leading up to the abuse, actions and statements of responsibility for the abuse.

It is critical, for this domain, to research and document the perpetrator's pattern of behavior in the current relationship, as well as history regarding coercive and controlling tactics used by the perpetrator in other relationships.

- Does the batterer use tactics of coercive control, sexual assault, stalking, or assaultive behaviors outside this relationship, either in another current relationship or in the past?
- Does the batterer have a history of violent and threatening behavior to others outside of the family? e.g., gang involvement, behavior toward other interveners
- Does the batterer engage in sanctioned violence as part of their work or other career? e.g. martial arts, military or police
- Do you have a full picture of similar prior incidents in this relationship?
- How has the batterer targeted the adult survivor over time? How long has this been going on? How often does it happen? Is the frequency increasing? How predictable is the coercive and controlling behavior targeting the adult survivor?
- How has prior coercive and controlling behavior impacted the current situation?
- What are the coercive tactics the alleged batterer has used? For example, belittling and name calling, unreasonable and ongoing jealousy, sexual abuse, pet abuse physically preventing their partner from leaving the house, isolating the adult victim from family and friends, controlling or sabotaging transportation, violence, etc.
- What is the potential lethality of the alleged batterer's behavior? For example, are they extremely jealous, is the abuse escalating, are there any

verbal or non-verbal threats to kill anyone or to commit suicide, do they have access to weapons, have they used strangulation, do they use stalking behaviors, are they out of work and not looking for employment, did they use violence against their partner when she was pregnant, is there a step-child in the home?

- Have they threatened the safety of family, friends, pets or others?
- Have they made any other threats?
- How does the batterer's explanation help us understand the extent of their control and their pattern of child maltreatment?
- How does the batterer's explanation help us understand the extent of their control and their pattern of abuse in regards to the adult victim?
- How do the circumstances of the abuse help us understand and further our assessment of the family functioning? For example, if this incident of physical violence targeted the caregiver's contact with her family, what else can we learn about how the batterer sabotages contact with family and perhaps other outside contacts, including schools and medical providers?

Do substance abuse, mental health, culture, and/or other socio-economic issues significantly impact surrounding circumstances? (5th Critical Component)

- How does the batterer's overall functioning affect dangerousness? For example, for a batterer who also is an alcoholic: are they more dangerous when drinking? Does abuse escalate or subside when sober?
- How has the batterer's drinking or use of other drugs over time impacted the family functioning and levels of fear and control? For example, while a batterer may not become violent every time he drinks, the family may get scared of the potential for violence every time the batterer drinks.
- Does the batterer use violence and abuse to facilitate access to money for drugs and alcohol?
- Does the batterer use violence and control to deflect questions about the consequences of substance use?
- Does the batterer use substance abuse, victim blaming or other rationalizations as excuses for the violence?
- Is the batterer in a profession or a position in the community that would make family members more isolated, afraid to access resources, or fearful that outside involvement would escalate the situation, i.e., police, judge, child welfare staff?
- Are there cultural or socio-economic factors that may help us understand the unique tactics the batterer is using in this family and/or make the adult

and child victims more vulnerable, e.g. immigration status, past criminal behavior or convictions, past child welfare history, language barriers, physical disability, cultural and religious beliefs, medical condition, criminal history, being a member of a group that has been historically discriminated against, or having a substance abuse or mental health history?

- Did the batterer use race, gender, disability, immigration status, sexual orientation, etc. as a tactic of abuse in their pattern of coercive control toward the adult partner?
- Is there an economic imbalance between the batterer and the adult victim that allows for more control?
- What aspects of the batterer's culture, community, or family system tolerate the batterer's abusive behavior or hold the abuser accountable for it?
- What aspects of the adult victim's cultural, community or family system support or undermine their protective efforts?

Cultural factors may make it harder to label and identify the batterer's overall patterns of coercive control. If a community identifies with strict norms it may be hard to see the batterer's pattern. Similarly within the context of home schooling it may be difficult to see a wider pattern of isolation. Cultural values that allow extremely high expectations of women as parents and low ones of men as parents will make it harder to identify control e.g. "he's not making her stay with the children. That's what women do." or "He's a good dad because he's never physically harmed them." Cultural norms about physical discipline of children may make it harder to identify the batterer's pattern of abuse as well.

What is the full spectrum of the victim's efforts to manage child safety and well-being, in spite of the batterer's pattern of coercive control? (3rd Critical Component)

- What does the adult victim do to maintain the child's well-being and safety despite the abuse? For example,
 - making sure the house is clean before the abuser comes home; getting kids to school on time in spite of being kept up all night
- How does the adult victim's behavior provide day-to-day stability and nurturance for the child, in spite of the climate of coercive control?

As with all assessment of protective efforts, this needs to be comprehensive and contextualized. A victim's continuing relationship with a batterer, reluctance to call police or get a protective order does not mean she has not engaged in significant and meaningful protective efforts. For example, getting kids away, placating, keeping lines of communication open, or staying because

he has threatened to hurt children if she leaves. These efforts should be validated and used as a foundation for future safety planning for the children.

When domestic violence is not part of the allegation:

- Are there indicators of the perpetration of patterns of coercive control, including actions taken to harm the child?
- If there are indicators, how are these patterns relevant to the reported maltreatment and family functioning?

When there is prior history of domestic violence perpetration but none currently alleged:

- What are the connections between the current allegation and any prior documented incidents of domestic violence?
- Is coercive control currently occurring but not immediately evident as the reason for the referral?
- Is the batterer, whether in the home or not, still negatively influencing the family functioning through fear, intimidation, third part contact, or other forms of control?
- How has the prior domestic violence perpetration affected current family functioning? For example, have the mother and child been forced to live in hiding for several years.
- After completing batterer intervention, is the batterer still using forms of coercive control that are not physical, e.g., threats, name-calling, isolation, financial manipulation, stalking.

OSM Domain 3: How does the child function on a daily basis?

In domestic violence cases look for the on-going and pervasive impacts of the batterer's use of coercive and controlling tactics within the family on the child's overall development. After an in-depth assessment if you cannot identify significant negative impacts, look for resiliency factors and what is contributing to them. Remember to focus on their day to day life.

What has been the overall impact of the batterer's on-going behavior pattern on the children? (4th Critical Component)

- How has child's normal, healthy development been impacted by the batterer's behavior pattern?
- What are the child's feelings toward the batterer, or how have their feelings changed toward them, as result of the on-going pattern of abuse?
- Has the child's sense of a safe and stable home environment been compromised, as a result of the batterer's behavior?
- Have any diagnoses or concerns about the child's behavior, mood or

development factored in the potential role of the batterer's behavior?

- Is the child rejecting or blaming the adult victim because of the batterer's coercion or manipulation?
- Is the child avoiding or unable to participate in developmentally appropriate activities?
- Is the child over-compensating, e.g., doing extremely well in school despite barriers, being compliant, never a problem, etc.?
- Is the child aligned with the batterer, either out of fear or for advantage?
- Is the child's ability to function on a daily basis substantially impaired by being in a constant state of fear?
- Is the child compliant, anxious, or worried about following the rules?
- Does the child think they have to take on the role of protecting their siblings or the adult victim?
- How has the child's academic performance been impacted by the batterer's behavior?
- Has the child's ability to connect with family or friends been impacted by the batterer or the batterer's behavior?
- Has the child's treatment or treatment recommendations from medical professionals' or therapists' been interfered with by the batterer?

In domestic violence cases, the meaningful completion of this domain requires connecting what is known from the first two domains about the batterer's overall pattern of coercive control with the negative impact on the children's daily functioning. For example: "As a result of these behaviors by the batterer, the children have lost significant time in school (20 days last year), been forced to change schools once and have gone from being high performing students to being on academic probation. One of the children has been suspended for fighting at the most recent school."

How substance abuse, mental health, culture, socio-economic issues intersect with domestic violence to impact child functioning? (5th Critical Component)

Domestic violence intersects with issues of race, class, gender, immigration status, religion, substance abuse, and mental health, among other issues. Child functioning is shaped by all these things. Some examples are:

- A gay or transgendered child whose parent is a domestic violence batterer that is homophobic and has rigid gender expectations may be targeted
- An undocumented mother partnered with a citizen or legal immigrant may be very susceptible to threats of deportation and her children may fear separation from her.

- A child's delinquency, mental health or substance abuse issues may become the identified problem instead of the batterer's chronic domestic violence.
- In a privileged family a child may hide abuse to protect the family image.
- School officials may respond differently to a child of color acting aggressively because of their parent's violence than a Caucasian child.
- Over-controlling behavior might be mistaken for a caring response to a child with disabilities?

How has the full spectrum of the adult victim's efforts to promote the safety and wellbeing of the child affected child functioning? (3rd Critical Component)

- Have the adult victim's efforts led to the child feeling that they are safe and loved unconditionally?
- What can be documented about the connection between the adult victim's pattern of protective efforts and the positive functioning of the child?

In many cases with domestic violence, the children are functioning well in some or all areas of their life. This is often the result of the adult victim's and other people's protective efforts. In this, as in all areas, the protective efforts need to be evaluated by a standard that values the victim's day-to-day efforts in the context of what is reasonable given the batterer's pattern of control.

In cases without an obvious allegation or history of domestic violence:

- Does the child display any indicators (aggressive behavior, withdrawal, trauma symptoms) of an unidentified pattern of domestic violence?
- Could a child's academic and/or social issues be connected to frequent moves, or other potential consequences of domestic violence?

When there is prior domestic violence but none in the current referral:

- How might the batterer's pattern still be impacting the family functioning?
- Could current or prior exposure to the batterer's behavior explain any of the concerns related to child functioning?

OSM Domain 4: How does the adult function on a daily basis?

In cases of domestic violence look for how the batterer's need to be in control is impacting the way they present themselves publicly and privately. Also identify how their use of controlling tactics impacts their partner's abilities to function. Remember to focus on each parent's day-to-day life.

What is the batterer's overall pattern of coercive control, actions taken to harm the child, and the role of substance abuse, mental health, culture, and other socio-economic factors? (1st, 2nd and 5th Critical Components)

- How are the batterer's choices outside social norms?
- How is the batterer's dishonesty impacting their ability to develop sincere

and meaningful relationships, both within the family and in the community?

- How might the batterer's current or prior abusive behavior be connected to their current adult functioning:
 - Employment: Has the batterer lost a job as result of abusive behavior?
 - Social Functioning: Who is part of the batterer's support and kinship network? Do members of their network support positive change or not? What is the history of damage to social and family relationships created by the batterer's abusive behavior?
 - Criminal behavior: Is the domestic violence part of larger pattern of anti-social or criminal behavior? If so, does this increase risk and danger?
 - Day-to-day functioning: Are there cognitive, mental health or substance abuse concerns? If so, are they associated with increased danger?
 - Housing/homelessness: Has the domestic violence led to housing instability or homelessness? Is the batterer dependent on the adult victim or others for housing?

Practice Tip: Remember that batterer's are often practiced liars and will use their tactics on you. For example, they can act overly appreciative, minimize, triangulate, cry, challenge your experience, try to turn the focus onto their partner, threaten, etc.

Racism and other forms of discrimination can increase the negative overall assessment of a batterer. For example, an overall assessment of a batterer who is poor or a person of color may be more negative than someone who comes from a higher socio-economic status or is Caucasian. Articulation of the specific behaviors related to domestic violence, makes it less likely that assessment will be biased by cultural, racial or economic stereotypes. Similarly the assessment of the adult functioning of the victim can be influenced by racism, homophobia or other forms of discrimination.

- When English is not the primary language is the overall adult functioning assessment incomplete or inappropriately negative, e.g. being confused with lower intellectual levels or poorer behavior management?
- Is the batterer playing on racial or gender stereotypes to increase their control over the adult victim?
- Are service providers overlooking coercive control issues by dismissing possible warning signs as norms within a culture?
- Is the batterer using their perception of cultural norms as an excuse?
- Are service providers and others taking an overly pathologized view of the adult victim because of racism or other forms of bias?

Substance abuse by the batterer and its impact on adult functioning needs to be factored into the assessment. Substance abuse is often not integrated into the overall assessment of the domestic violence because it is perceived primarily as an adult functioning issue. Here are some things to assess:

- How has the batterer used violence and control to support the substance abuse, e.g. stealing rent money to use?
- Has the focus on the substance abuse eclipsed the domestic violence?
- Do practitioners believe that the domestic violence will automatically stop being an issue if the substance abuse is addressed?
- How does recovery from substance abuse change the batterer's pattern of coercive control? Do family members experience a greater feeling of safety and self-determination or do they feel the control is the same or worse?

Similarly, the batterer's mental health and its impact on adult functioning must be factored into the assessment. Mental health is often not integrated into the overall assessment of domestic violence because it is perceived primarily as an adult functioning issue. Here are some things to assess:

- Has the batterer been wrongly or incompletely diagnosed with a mental health issue instead of being identified as coercive and controlling? For example, some abusers will be wrongly diagnosed as bi-polar. Or, veterans with PTSD may not be identified as coercive and controlling.
- Has the focus on the mental health eclipsed the domestic violence?
- Do practitioners believe that the domestic violence will automatically stop being an issue if the mental health concern is addressed?
- How does treatment of the mental health issue change the batterer's pattern of coercive control? Do family members have a greater feeling of safety and self-determination or is the level of control the same or worse?

Because batterers' patterns often continue to have impact even when they are not in the home or after a relationship ends, it is critical to assess a batterer's adult functioning and pattern of control even if they are incarcerated, out of the home, subject to a protective order, and/or separated or divorced.

Recognizing the three dimensionality of the batterer is important when assessing this domain. The adult functioning of batterers varies widely. Some batterers appear very functional in all the other domains of their life except for their abuse towards their family, which can make the coercive control less believable to those outside the family. Other batterers may have multiple issues such as substance abuse or mental health diagnoses or wider criminal behavior.

Positive adult functioning of a batterer can have various effects on the family

condition. For example, a father's regular employment can be a source of stability and strength and at the same time it could be a mechanism for economic control and coercion. Family members can experience painful confusion and conflicting loyalties. They can also begin to see abusive behavior as normal or even a positive life choice, which is very poor role modeling.

In cases without an obvious allegation or history of domestic violence:

- Does the batterer display any indicators (such as jealousy, isolation, reluctance for separate interviews) of unidentified domestic violence?
- Does the adult victim display any indicators (aggression, withdrawal, trauma symptoms, substance abuse) of unidentified domestic violence?

In cases with prior domestic violence but none in the current referral:

- How do the batterer and family identify the batterer's behavior change?
- Have the behaviors stopped or have they merely become less extreme?
- What has the batterer done to take responsibility and promote healing and a sense of safety in the home?
- Is the batterer's pattern still impacting the adult victim's functioning?
- Can any of the current concerns in adult functioning be a result of unidentified or historical domestic violence?

This provides the opportunity to look for signs and symptoms of trauma or other indicators of unidentified domestic violence victimization. Issues such as substance abuse or the apparent inability to keep a job or stable housing may be the indicators of an abusive partner. At the same time, prior victimization in one or more relationship does not automatically indicate the presence of current relationship or mental health issues for the adult victim.

What has been the overall impact of the batterer's on-going behavior pattern on the adult victim's daily functioning? (1st Critical Component)

One of the principal pathways to harming a child for a batterer is through their control and abuse of the child's other parent. It is critical to contextualize the adult victim's functioning.

From a batterer pattern-based, victim strengths-based approach, we must understand the context of coercive control when assessing an adult victim's decision-making, self-care, self-preservation, stress management, and protective capacities in any of the domains, including adult functioning. The batterer should be held 100% accountable for the impacts of their behavior.

- How has the adult victim managed to maintain their daily functioning despite the abuse and/or violence?
- What can be documented on the batterer's interference with the victim's

adult functioning? On the impact of trauma from the coercive control on the victim's functioning?

- What was the victim's adult functioning prior to violence and abuse?
- How does the victim function when the batterer's behavior is not a factor?
- How might the batterer's behavior (current or prior) be causing and/or exacerbating issues with the victim's daily functioning:
 - Have the batterer's behaviors contributed to any of the victim's housing instability, employment issues or other financial issues? If so how?
 - Have the batterer's behaviors caused and/or exacerbated any of the victim's substance abuse and/or mental health issues? If so how? e.g. forcing or coercing into substance abuse, traumatizing the adult victim so that they turn to substances to cope or self-medicate, triggering childhood trauma, using previous diagnosis against them
 - Has the batterer undermined or supported the victim's recovery or treatment efforts?
 - Have the batterer's behaviors disrupted the victim's support networks?

It is imperative to start this conversation about victims and adult functioning from a strengths-based, contextualized perspective. Because domestic violence results from the choices of the batterer and not the adult victim, and can impact the adult victim's choices, the starting point needs to be that the victim may not have any adult functioning concerns except for being the target of a batterer's abuse.

Once the victim's strengths are identified, their functioning can be contextualized; taking into account how the batterer's behavior has comprised adult functioning. For example, it's important to see that an adult victim might have the skills and desire to work but not be allowed to because of the batterer's control. Similarly, it would be important to understand when the adult victim's depression and anxiety was related to the batterer's behavior.

It is also important to identify issues that existed prior to the current domestic violence. For example, some adult victims have pre-existing substance abuse and/or mental health problems. This should increase our concern about the batterer as it may indicate more extreme predatory behavior, particularly if they intentionally exacerbate the adult victim's pre-existing conditions.

OSM Domain 5: What are the parenting practices?

In domestic violence cases, the meaningful completion of this domain involves identifying and describing how the batterer's pattern of behavior affects their own parenting and the parenting of the other caregiver.

How does the batterer support or undermine the overall safety and well-being of the child, including meeting basic needs and emotional needs? (1st, 2nd, 4th and 5th Critical Components)

Since this domain highlights a wide range of parenting strategies to address child behavioral issues and the broader role of teaching and guiding a child, it is an ideal domain for assessing and documenting the following:

- What kind of role model is the domestic violence batterer for the child?
- What role do they see themselves playing in their children's future?

When we are asking questions to assess for these things, opportunities can arise for measuring where a parent is with regard to the stages of change. Child Welfare workers have a unique opportunity to engage batterers, since Batterer Intervention Programs report that many of their program participants are open to information about their children and more willing to examine the impact of their behavior on them than on their adult partner. Giving this key message can create an opportunity to increase safety and lay the groundwork for change.

It is also vital to see the batterer's behavior as a parenting choice:

- What is the batterer's overall involvement with taking care of the child's basic needs including, feeding, bathing, and medical care? How does their controlling pattern impact their involvement?
- Has the batterer interfered with the child getting basic needs met? e.g., caused the family to lose housing, disrupt employment, interfered with transportation, medical treatment, adequate food, etc.
- How does the batterer support or hinder the child's academic success? e.g., creates chaos when the child is trying to do homework, calls the child stupid "like their mother," keeping them home from school because afraid of what they will disclose
- How does the batterer support or hinder the child's social functioning? Refuse to allow child to have friends over, interfere with contact with other family members, batterer's jealousy prevents children's extracurricular activities
- How does the batterer's pattern of behavior lead to the child being overly compliant or, alternatively, oppositional to either caregiver?
- How does the batterer's parenting include manipulations that turn family members against one another? e.g., favoring one child over another, encouraging fighting, and/or scapegoating one child? It is not uncommon for a batterer to use both fear and rewards to control family members.

- Do the batterer's needs overshadow the needs of the child? e.g., spends the family money on himself, demands that he is fed before the child
- What sort of role model is the batterer? What sort of role model do they want to be?

A gender responsive approach requires conscious attention to a male caregiver's role in the basic parenting of the child; otherwise social expectations will often lead us to attribute the negative (or positive) impact of the male caregiver to the female caregiver. For example, in a situation where there has been domestic violence, a series of missed doctor's appointments might not be the failure of the primary caregiver, but might be an indicator of control over transportation or other behaviors disruptive of the household functioning. Or, for a child who requires medication, we would want to know if the batterer is being supportive, negative or neutral about the child receiving medication.

The overall parenting of batterers varies widely with some common themes re-occurring: physical abuse, punishments that are inappropriate for age and developmental level, harsh discipline, inability to focus on the needs of the child over their own needs, undermining of the other person's parenting, and interfering with the other caregiver's relationship with the child.

However, understanding the three dimensionality of the batterer is important when assessing this domain. Some batterers are not engaged in parenting whereas others might be coaching the child's sports team. Some are not at all invested in the child and others are highly invested. Some have not identified with a parenting role and others are strongly identified with it.

Positive parenting by a batterer can have various effects on a child. A parent's regular involvement can be source of stability and strength for the child and at the same time it could be a source of confusion, grief and loss. For example, a child can experience confusion if the same person who takes them to sporting activities and on family outings, also abuses their other parent.

Core to the assessment of the batterer as parent is their ability to treat the other parent with respect and support their parenting and their relationship with the child.

- How does the domestic violence batterer's behavior support or undermine the other caregiver's parenting abilities?
- How does the batterer's behavior pattern make meeting the child's emotional and other needs easier or harder?
- How does the domestic violence batterer's behavior interfere with the relationship between the other caregiver and the child?

When the adult victim seems to have parenting issues, it is important to know how the batterer's past and present behavior influences the victim's parenting.

- What is the influence of the batterer who is no longer in the home?
- Has the batterer turned the child against the adult victim?
- Has the batterer used the child as a spy?
- How have financial control and/or sabotage of outside relationships interfered with the adult victim's parenting?
- What is known about the victim's parenting prior to the batterer's involvement in the family or when not present in the home?

A batterer's behavior can have tremendous influence over a partner's parenting. It may lead to more lenient parenting to compensate for the harsh parenting of the batterer or it may lead to more harsh discipline to protect the child from worse consequences from the batterer. The batterer's control over finances may force a victim into criminal behavior to make sure the child's basic needs are being met or the batterer's isolation tactics may prevent him or her from using the natural respite support of relatives. It is insufficient to assess the adult victim's parenting without assessing for the batterer's influence over it.

How does the role of substance abuse, mental health, culture, and/or other socio-economic issues as related to the domestic violence shape parenting?

(5th Critical Component)

As detailed in adult functioning above, racism, classism, and other forms of discrimination can increase the negative overall assessment of the batterer's or the victim's parenting. Other considerations include:

- Have any other issues eclipsed the focus on the impact of domestic violence on either caregiver's parenting?
- Is the batterer playing on racial or gender stereotypes to impact the adult victim's parenting?
- Is culturally or circumstantially acceptable parenting misinterpreted as inappropriate? For example, is sending children to be raised by extended family interpreted as lack of attachment and care?

In cases without an obvious allegation or history of domestic violence:

It is important to look for indicators of coercive control such as an authoritarian parenting style. A gender responsive approach suggests that another indicator of unidentified domestic violence may be the presence of a marginalized female caregiver. This may be the result of other issues, but can result from an abusive partner's pattern of undermining the female caregiver.

What is the full spectrum of the adult victim's efforts to promote the safety

and well-being of the child? (3rd Critical Component)

- How has the adult victim parented despite the abusive pattern?
- What are the adult victim's day to day parenting responsibilities including meeting the child's basic care needs?
- How are we making a strengths-based assessment, in the context of parenting under duress, of the victim's care of the child, satisfaction at being a caregiver, skill level, parenting style, and protective factors?
- Have the victim's protective efforts been so successful that the child does not understand why the victim and batterer are no longer together?

Gender responsiveness plays a critical role here to ensure that mothers are getting full credit for all their basic care efforts as part of the assessment of their parenting. A gender responsive approach involves documenting both the heroic protective efforts of victims (protective orders, fleeing, separation and divorce, calling police) and the day-to-day efforts of nurturing, caring for and stabilizing a child who is impacted by a batterer's behavior. This means documenting that, in spite of the batterer's behavior, everyday things are happening, like making sure that the child is fed regularly and is medically up to date. For example, "Despite the batterer's decision to take the family car when ordered out of the home, mother has maintained the child's routine, including weekly doctor's appointments, through a network of friends and family."

OSM Domain 6: What are the disciplinary approaches?

In domestic violence cases look for how the batter's need to be in control impacts the expectations, purpose, and meaning of discipline in the family. Also look for how their controlling tactics may impact the discipline choices of their partner.

What are the implications of the batterer's pattern of coercive control and actions taken to harm the child on their disciplinary approach? (1st, 2nd, 3rd and 5th Critical Components)

- Does the batterer engage in rigid and harsh discipline?
 - Does the batterer use discipline that is inappropriate for the ages and stage of development for the child in the home?
 - How does the batterer respond to specific resistance or defiance of the child in the home?
 - Does the batterer engage in physical discipline of child? Is this appropriate?
- Similar to the adult functioning and parenting, in this domain, the three dimensionality of the batterer is important. The overall discipline of domestic violence batterers varies widely with some common themes re-occurring:

physical abuse, punishments that are inappropriate for age and developmental level, harsh discipline, inability to focus on the needs of the child over their own needs, undermining of the other persons parenting, and interfering with the other caregiver's relationship with the child. Some batterers are not engaged in the disciplining of their child and others might do all of it.

Any positive healthy discipline and behavior management by the batterer must be integrated with the overall pattern of behavior. For example, some batterers marginalize their partner's role with the child and take over all the parenting and discipline. While some of the specific behavior management techniques might be positive, the assessment would not be complete if it didn't include the broader context of control and marginalization of the other parent.

There also can be great variability in how the batterer impacts the child through impacting the victim's disciplinary approaches. As indicated above, one of the principal pathways to harming a child for a batterer is through their control and abuse of the child's other parent. It is important to contextualize the adult victim's discipline choices.

For the domestic violence victim, how might the batterer's behavior (current or prior) be causing and/or exacerbating current disciplining issues? (1st Critical Component)

- Does the batterer undermine or reverse the appropriate discipline of the other caregiver?
- How much does fear of the batterer's reaction to the child's behavior influence the adult victim's disciplining decisions?
- How does the fear of the batterer's reaction to a child's mistakes or failure to listen affect the household functioning?
- Is the victim harsher or stricter because of fear of the batterer's response?
- Is the victim more lenient in their discipline because they want to make up for the batterer's harsh disciplining?
- How much does the batterer interfere with the victim's ability to effectively discipline the child?
- How has the batterer undermined the adult victim's parental authority?
- Does the batterer support the adult victim's disciplinary choices?

The issues here are very similar to the ones outlined in the domain related to parenting. In domestic violence cases, the meaningful completion of this domain would specifically look for ways the batterer has, through their behavior pattern, negatively shaped the disciplinary approach of the adult victim.

The adult victim's disciplinary approaches may be shaped by the

batterer's pattern in other ways. If the victim has been traumatized, this may result in difficulties regulating emotion and impulsive behavior. Also the batterer's pattern may result in developmental delays, aggression, difficult, or high risk behavior on the part of the child. Additionally the batterer may encourage defiant or disobedient behavior (even when not in the home.) Our assessment needs to be contextualized by the batterer's behaviors.

How does the role of substance abuse, mental health, culture, and/or other socio-economic issues as related to the domestic violence shape discipline?

(5th Critical Component)

Again, as detailed above, racism and other forms of discrimination can increase the negative overall assessment of domestic violence batterers or victims. Make sure that you take time to consider your personal biases when assessing discipline practices that may be culturally or circumstantially appropriate.

- Is the child targeted for discipline because of homophobia or other biases
- Has the batterer used substance abuse or mental health issues as an excuse for excessive, inadequate or inappropriate discipline

In cases without an obvious allegation or history of domestic violence:

- Can any of the current concerns with discipline be connected to unidentified domestic violence?

What is the full spectrum of the adult victim's efforts to promote the safety and well-being of the child? (3rd Critical Component)

- How has the victim maintained healthy discipline despite the abuse?
- What was adult victim's discipline in key areas prior to violence and abuse?
- How does the adult victim discipline when the batterer is not a factor in her or his decision making?
- How are we making a strengths-based, contextualized assessment of an adult victim's disciplining and behavior management?

Similar to parental and adult functioning it is very important to start with a strengths-based approach to assessing an adult victim's discipline and behavior management. A batterer's behavior can have tremendous influence over a partner's discipline and behavior management. It is insufficient to assess the adult victim's discipline and behavior management without assessing for the batterer's influence over it.

It is important to be able to look at the batterer's patterns and their impact on overall family functioning to get a clear picture of the discipline and behavior management of the adult victim. For example, when the batterer's choice to expose the child to the abuse leads to academic and behavioral issues

with the child, how does this limit or shape the victim's options to address these issues? Or, if the batterer is undercutting the victim's efforts to set up structure and routine, how would this affect her or his behavior management?

Engaging the family

- Use strategies to build rapport and encourage conversation. Demonstrate interest in the family members, empathetic listening, and providing a clear explanation of the worker's role and expectations.
- Avoid labeling and using terms, i.e., domestic violence, abuser, and conclusions about mental illness, even in documentation.
- Ask about other issues first before asking about domestic violence. Ask about their relationship, including positive aspects. Begin with more general questions then follow up with more specific and detailed ones.
- Ask open-ended questions about well-being to start the conversation.
- Ask about how the relationship began, what the person likes about their partner, what's working well.
- The adult and child victims may express positive feelings toward the batterer. When asking questions about the abuse, focus on the batterer's violence and controlling behaviors, not their personality.

Partnering with the alleged adult victim

- Immediately ask the alleged adult victim if it is safe to conduct an interview and, if not, what might be a safe way.
- Don't let your personal biases get in the way of partnering with the victim, remember that research shows that it takes an average of seven tries to successfully leave a batterer and survivors are stalked for an average of two years after they leave.
- With regards to the domestic violence, confirm for the adult victim that you are holding the batterer responsible for the resulting child safety issues.
- Remember that you will never know the full extent of what is going on within the family. You only get the pieces they are able to tell you. Be sure to proceed with caution. There may be reasons that a victim is making decisions we don't understand.
- Affirm that no one deserves to be abused and live in fear.
- Express concerns and ask questions about bruises or other injuries.
- Express concerns for the safety of the alleged adult victim and children.
- Explain that domestic violence may increase in frequency and/or severity.

- Identify what the alleged adult victim has done to stay safe and keep the children safe, and how well those actions have worked.
- Remember that the adult victim's actions have been survival strategies. For example, staying with the alleged batterer may be safer than leaving.
- Recognize that because many adult victims lack access to financial resources or other housing options they may believe that it is better, especially for the children, to stay with the alleged batterer.
- Give the adult victim information about domestic violence. If you know the batterer has previous convictions, share that information with the victim.
- When we have to remove, we have to focus on our concerns for the safety of the children on the behavior of the batterer, not the victim's choices.
- Discuss what will happen with the information gathered, including what information will be disclosed to the alleged batterer.
- Refer the adult victim to the co-located domestic violence advocate or your local program to address the immediate needs of adult and child victims.
- When ending the interview, ask the alleged adult victim about safe times and ways to make contact in the future.

Engaging the children

- Be aware a child may take responsibility for the abuse or side with the batterer. Assure them that we are looking to hear the whole story and that the violence is not their fault.
- If a child has tried to intervene reassure them that they do not have to protect their parent or stop the abuse.
- Acknowledge the batterer's positive traits as well as asking about abusive behavior.
- Recognize that some children align with the batterer. Don't shame them or appear one-sided, as it may make them defensive or shut them down.
- Support the ways in which the child tries to stay safer when there is a domestic violence situation occurring and discuss additional age-appropriate ways in which the child could stay safer.
- Tell the child what information you will be sharing with either parent.

Engaging the alleged batterer

- Be respectful.
- Build rapport with genuine interest, listening and clarity of roles.
- Focus on the children. Batterer's often want to see themselves as good

parents.

- Recognize their strengths and ask if there are any things about themselves that they would like to improve for the sake of their children.

Engaging without colluding

When assessing the alleged batterer's answers, be aware of tactics commonly used by batterers to deflect attention away from themselves. Batterers will try to enlist you to collude with them against the adult victim. Tactics include:

- Presenting as the victim;
 - Using statements of remorse as a way to avoid consequences;
 - Using flattery or "buddy" behavior to charm;
 - Describing protective actions the alleged adult victim has taken (leaving or calling police) as ways to be hurtful to the alleged batterer;
 - Presenting as the more stable and calm partner and better parent;
 - Denying or minimizing abuse ('you know how women are,' 'it is not my fault if someone bruises easily,' 'I just pushed a little');
 - Blaming the adult victim for the abuse (one should know not to do that);
 - Avoiding responsibility by blaming alcohol, other substances, stress, etc.;
 - Alleging drug or alcohol abuse by partner;
 - Alleging the partner has mental illness and/or is off medication;
 - Presenting the alleged adult victim's behavior in a negative way to get you to side with the alleged batterer.
- Batterers can be intimidating, using their size, position in the room or voices to control the interview. It is ok to use respectful limit setting to call out the behavior and redirect it.
 - Batterers are not reliable sources of information about their own violent behavior or use of power and control tactics. Better sources include the alleged adult and child victims, police reports, parole and probation, court documents, and other persons or agencies known to the family.
 - Don't tell the batterer information given by the adult victim or child if other sources are available or until a safety plan is in place. Use corroborating reports such as police, neighbors, parole or probation, courts, medical.
 - Delay asking specific questions that may endanger adult victim or child.

Sample Questions for DV Cases

Some of following questions have notations to indicate which domain or domains they may be particularly helpful for, but remember that any question may give useful information about any of the 6 domains.

Assessment questions for the alleged adult victim

The following are sample questions to ask the alleged adult victim. Adapt these to your style, the language the alleged adult victim uses and the situation. Many adult victims may not identify what is happening as domestic violence. Calling it “violence” during the assessment interview may inhibit the conversation. It is important, though, to label it as domestic violence and provide information on domestic violence toward the conclusion of the interview.

- Are you safe right now to talk? (always ask this in some way)
- What are you able to tell me about your relationship? (Domains 2, 4)
- What are you able to tell me about how decisions get made? (Domains 2, 4)
- How do you and your partner divide household responsibilities? (Domains 2, 4)
- What are you able to tell me about how you and your partner make decisions about money? Can you spend money when you want to? Whose name is on the accounts? (Domains 2, 4)
- What are you able to tell me about what happens when you and your partner disagree? (Domains 2, 4)
- What do you do during the day? Has your partner prevented you from going to work/school/church? What are you able to tell me about that? (Domains 2, 4)
- Does your partner harass you or make it difficult for you to work? What are you able to tell me about that? (Domains 2, 4)
- Who are your friends and family? How much contact do you have with them? Is your partner usually there? Has your partner prevented you from seeing friends or family? What are you able to tell me about that? (Domains 2, 4)
- Does your partner listen in on your phone calls or otherwise monitor your communication? What are you able to tell me about that? (Domains 2, 4)
- What are you able to tell me about what happens when your partner feels jealous or possessive? How does that feel? (Domains 2, 4)
- Does your partner call you names, insult you or scream at you? (Domains 2, 4)
- Have you ever felt afraid of your partner? What are you able to tell me about that? (Domains 2, 4)

- Has your partner ever destroyed or thrown away belongings that have sentimental value to you? Was this done as a way to punish you or to ensure that you are following rules? (Domains 2,4)
- Has your partner ever threatened you, your children or your family? What are you able to tell me about that? (Domains 1, 2, 4)
- Does your partner threaten to take your children? What are you able to tell me about that? (Domains 1, 2, 4)
- Does your partner threaten to take you away from your family? (Domains 2, 4)
- Does your partner ever threaten you with deportation? Is your partner making it difficult for you to get legal status? (Domains 2, 4)
- Does your partner do reckless things that scare you, like driving too fast with the children in the car? What can you tell me about that? (Domains 1, 2, 4, 5)
- Has your partner ever used force against you? Pushed? Shoved? Hit? Strangled? What are you able to tell me about that? (Domains 1, 2)
- If your partner has used force against you, what are you able to tell me about the worst episode? When was the most recent episode? What are you able to tell me about that? How frequently does this happen? (Domains 1, 2)
- How often do you get hurt by accident? What are you able to tell me about that? (Domains 1, 2)
- Most people think of weapons as guns or knives, but other objects can be used to hurt someone. Has anyone used a weapon to threaten or harm someone in the family? If yes, what are you able to tell me about that? (Domains 1, 2)
- How does your partner treat your pets? Your property? (Domains 1, 2, 4)
- How often does your partner drink or use drugs? What are you able to tell me about that? (Domains 1, 2, 4)
- Does your partner have recent military or police training? (Domains 2, 4)
- Have you left before? What happened when you did? What are you able to tell me about that? (Domains 2, 4)
- Has your partner threatened suicide? (Domains 2, 4)
- What was/is the relationship between your parents? Your partner's parents? (Domains 2, 4)
- Have you ever been forced into doing something that makes you uncomfortable? What are you able to tell me about that? (Domains 2, 4)
- Has your partner pressured you or forced you to have sex? What are you able to tell me about that? (Domains 2, 4)
- On a scale from 1-10, how safe do you feel? What are you able to tell me about that? (Domains 2, 4)

- If you could change one thing about your partner, what would it be? (Domains 2, 4)

Impact on the children

Additional questions to ask the non-offending parent to assess the impact of the violence on the children include the following:

- What are you able to tell me about how your partner disciplines the child, and what for? (Domains 1, 6)
- Does your partner call your children names, insult them, or yell at them? (Domains 1, 5, 6)
- Are there step-children in the home? If so, are they treated differently? (Domains 1, 5, 6)
- Is your partner able to take care of the child and keep the child safe? Does your partner make decisions that are best for the child? (Domains 1, 5)
- Describe how your partner supports your parenting? (Domains 1, 5, 6)
- What are you able to tell me about how your partner interferes with your parenting? (Domains 1, 5, 6)
- Where are the children when the fighting happens? What are you able to tell me about that? (Domain 1)
- Describe how the children respond to the abuse. Have they ever tried to stop it? Have they ever hidden in their room or left the house? (Domain 1)
- Have the children ever called anyone for help or told anyone about what is happening? (Domain 1)
- Have the children ever been hurt, either accidentally or on purpose? What are you able to tell me about that? (Domain 1)
- Have you noticed any effects on your children? (Domain 1)
- Are you concerned about any of your child's behavior? (Domain 1, 3)
- Have you noticed changes in your child's behavior? (Domain 1, 3)
- Does your child have trouble sleeping? (Domain 1, 3)
- Is your child getting sick more often? (Domain 1, 3)
- Describe any problems your child has in school or with friends. (Domain 1, 3)
- How often have you had to move or change the child's school? (Domain 1, 3)
- Describe activities or groups your child is involved with. (Domain 1, 3, 5)
- Have you ever suspected that your partner may have been sexually inappropriate with your child? (Domain 1)

- If your child has visits with your partner, how has that been going? What does the child say about the visits? What happens at drop-off and pick-up times? (Domains 3, 5)
- Does your partner ask the child to pass messages to you or ask the child to report what you do during the day? (Domains 2, 5)
- How do all the things we've talked about today affect the way you can care for your child? (Domains 1, 5)
- On a scale from 1-10, how safe are your children? How safe do they feel? How safe do they think you are? (Domain 1)

Full spectrum of efforts to protect

It is also important to assess strengths and protective factors in the family and the strategies the alleged adult victim has used to stay safe and keep their children safe. Ask things like:

- How are you managing day to day? (Domain 4)
- How are you maintaining a regular schedule for the children? (Domains 1, 2, 5)
- Are the children in school? (Domains 1, 3, 5)
- Do the children get regular meals and a routine at bedtime? (Domains 1, 3, 5)
- Are the children getting regular medical and dental care? (Domains 1, 3, 5)
- Describe what you try to do to keep yourself and your children safe. What has worked well? (Domains 1, 4, 5)
- Who are friends and family members you can talk to? (Domain 4)
- Has anyone been able to help you? (Domains 2, 4)
- What has worked for you in the past? (Domains 2, 4)
- Have you ever left the situation? Where did you go? What happened? (Domains 2, 4)
- How are you talking to your children about the situation? (Domains 2, 4)
- What has your partner tried in the past to stop his or her unsafe behaviors? (Domains 2, 4)
- What do you think needs to happen for you and your children to be safe? (Domains 2, 4)

Concluding the interview with the alleged adult victim (Domains 2, 4)

- What are you able to tell me about how dangerous your partner is? What do you think your partner is capable of? What is the worst-case scenario?
- How do you think your partner will react when finding out we talked to you?
- How will your partner react when finding out we talked to the children?
- How will your partner react when receiving the notice of disposition?

- What do you think will happen when I leave?

Assessment questions for the alleged batterer

The following are sample questions to ask the alleged batterer. You may want to reassure the alleged batterer that the domestic violence questions are a routine part of any family assessment. These questions can also be used to screen for domestic violence when it was not part of the allegation. Adapt these to your style and the situation. Many alleged batterers will not identify what is happening as domestic violence. Calling it “violence” during the assessment may inhibit the conversation. It is important, though, to label domestic violence behavior as domestic violence and provide information about it toward the conclusion of the interview.

- Tell me about your relationship. (Domains 2, 4)
- How do decisions get made? (Domains 2, 4)
- How do you divide household responsibilities? (Domains 2, 4, 5)
- How do you make decisions about money? Whose name is on the accounts? (Domains 2, 4)
- What types of things are children disciplined for? What happens? (Domains 2, 5, 6)
- How are you maintaining a regular schedule for the children? (Domains 2, 4, 5)
- Are the children in school? (Domains 2, 4, 5)
- Do the children get regular meals and a routine at bedtime? (Domains 2, 4, 5)
- Are the children getting regular medical and dental care? (Domains 2, 4, 5)
- What does your partner do during the day? (Domains 2, 4)
- Who are your partner’s friends or family? How often does your partner see or talk with them? (Domains 2, 4)
- If you ever feel jealous or possessive, what do you do? (Domains 2, 4)
- Do you listen in on your partner’s phone calls? (Domains 2, 4)
- What happens when you and your partner disagree? (Domains 2, 4)
- Do you call your partner names, insult or scream at them? (Domains 2, 4)
- Does your partner ever seem afraid of you? (Domains 2, 4)
- Has anyone been hurt during an argument? What happened? Was anyone pushed, shoved, hit, strangled, etc.? (Domains 1, 2)
- If so, tell me about the worst episode. What was the most recent episode? How frequently does this happen? (Domains 1, 2)
- Do you have weapons (knife, guns, etc.) in the house? Have you used them to frighten your partner? (Domains 1, 2)

- Have the children ever been frightened or hurt? How did this happen? (Domains 1, 2)
- When this happened what did you do? What did other family members do (including pets)? (Domains 1, 2)
- Has property been destroyed or damaged? (Domains 1, 2)
- Do you or your partner use alcohol or drugs? How often? (Domains 2, 4)
- Do you have recent military or law enforcement training? (Domains 1, 2, 4)
- On a scale from 1-10, how safe do you feel in your family? How safe do you think your partner feels? Your children? (Domain 2)
- What was the relationship like between your parents? (Domains 2, 4)

Impact on the children

Additional questions to ask the batterer to assess the impact of their violence on the children include:

- Have you noticed changes in your child's behavior? (Domains 1, 3, 5)
- Are you concerned about any of your child's behavior? (Domains 1, 3, 5)
- If your child visits you, how has that been going? How much time do you spend together? Who, if anyone, helps care for your child on visits? (Domains 1, 3, 5)
- Does your child have trouble sleeping? (Domains 1, 3, 5)
- Is your child getting sick more often? (Domains 1, 3, 5)
- Describe any problems your child has in school or with friends. (Domains 1, 3, 5)
- How often have you had to move or change your child's school? (Domains 1, 3, 5)
- Describe activities or groups your child is involved in. (Domains 1, 3, 5)
- How do you think your child sees you or feels about you? (Domains 1, 3, 4, 5)
- How does the abuse interfere with the care of your child? (Domain 1)

It is also important to assess opportunities for change and intervention. Ask:

- How would you like your child to think of you? (Domain 4)
- What do you want for your kids? (Domain 4)
- What sorts of memories do you want your children to have of their childhood? (Domain 4)
- What hopes and dreams do you have for your children? (Domain 4)
- How do you want your child to think of you when they grow up? (Domain 4)

- How would you like your child's relationships to be in the future? (Domain 4)
- What do you think needs to change to make your child safer? (Domains 2, 4)
- What can you do to make your children safer? (Domains 2, 4)
- What have you done to stop the violence? (Domains 2, 4)
- Whom have you asked for help? (Domains 2, 4)
- What happened when you asked? (Domains 2, 4)
- Who are friends and family members you can talk to? (Domains 2, 4)

Assessment questions for the children

Talk to the child about ways to stay safe as possible. As in any child interview, start with questions to develop rapport, and use the child's language.

Ask general questions first.

- Who lives or stays in your home (including pets)? Who visits? (Domains 1, 3)
- What things do you do with your mom? What things do you do with your dad? (Domains 3, 4)
- What's your favorite thing about your mom? (Domains 3, 4)
- Is there anything about your mom that makes you sad, scared or worried? (Domains 1, 3)
- What's your favorite thing about your dad? (Domains 3, 4)
- Is there anything about your dad that makes you sad, scared or worried? (Domains 1, 3)
- What are the rules in your house? Are any rules just for your mom or dad? (Domains 1, 2, 4, 5, 6)
- What happens when someone breaks the rules? (Domains 1, 2, 4, 5, 6)
- What happens when your pet breaks the rules or gets in trouble? (Domains 1, 2, 4, 5, 6)

If the child discloses violence, follow-up with clarifying questions to define terms and determine what happened.

- Does anyone hit, shove, push, or throw things? Who does that? What are you able to tell me about the last time that happened? (Domain 1)
- What are you able to tell me about what you did? What are you able to tell me about other family members or pets? (Domain 1)
- Has anyone been hurt? What are you able to tell me about who was there? What are you able to tell me about what happened next? (Follow-up with specifics about police, doctors, etc.) (Domain 1)

- How does it make you feel? (Domain 1)
Pay particular attention when children state that the violence has had no impact on them. Sometimes children in these situations protect themselves by “appearing” immune to the violence.
- Has anyone asked you not to talk about this? (Domain 1)
- Are you worried or scared about anything? (Domain 1)

When ending the interview

- Do you have anyone you can talk to if you don’t feel safe....when you are worried....when you are hurt? (Domains 1, 3)
- Who do you talk to when you don’t feel safe/are worried/hurt? (Domains 1, 3)
- What would you like to see happen? (Domains 1, 3)
- If you could have three wishes, what would they be? (Domains 1, 3)

Talk to the child about what will happen next. Ask the child whether they have concerns about you talking to their parents. Ask the child what they think will happen when you talk to their parents. Tell the child what information you will be sharing with the adults.